

# DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 0315000510CPA

## DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### COMPRESSOR DIAGNOSTIC SYSTEM

the specification of which (check one)

- ☒ is attached hereto.  
or  
☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was  
amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, section 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:


### PRIOR FOREIGN APPLICATION(S)

			Priority Claim	
(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No


## **DECLARATION AND POWER OF ATTORNEY**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### **POWER OF ATTORNEY**

I hereby appoint each practitioner at Customer No. 27572 (  ) of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

### **CORRESPONDENCE ADDRESS**

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572 (  ), Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

DECLARATION AND POWER OF ATTORNEY

Full name of sole or first inventor: Nagaraj Jayanth

Inventor's signature: Nagaraj Jayanth

Date: 20 NOV 01

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Citizenship: ~~Indian~~ USA 1

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Full name of second joint inventor, if any: Hung Pham

Inventor's signature: Hung Pham

Date: 20 Nov 01

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